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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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Application Number	10/082,486
Filing Date	02/22/2002
First Named Inventor	GODFREDSEN
Art Unit	2177
Examiner Name	CHOULES, JACK M
Attorney Docket Number	INFO-P019

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 41066

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

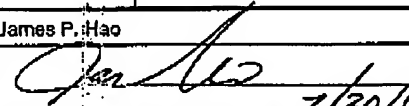
The reasons for this request are: - Per client request  
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Address		2100 Seaport Blvd.			
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Signature				Registration No.	36,398
Date		7/30/04		Telephone No.	(408) 938-6060

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